

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American College of Radiology Association Political Action Committee			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00343459 </div>	
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY				
Full Name (Last, First, Middle Initial) of Payee Majority Strategies			Date MM / DD / YYYYYY 10 / 07 / 2011	
Mailing Address 135 Professional Drive Suite 104			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25591.96</div>	
City State Zip Code Ponte Vedra Beach FL 32082		Transaction ID : 42391741		
Purpose of Expenditure 2012 Utah Convention Pre-Primary		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Office Sought: <input type="checkbox"/> House State: UT <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Sen. Orrin G. Hatch			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">25591.96</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input checked="" type="checkbox"/> Other (specify) ▶ 2012 Convention - Ut	
Full Name (Last, First, Middle Initial) of Payee			Date MM / DD / YYYYYY	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
City State Zip Code			Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px;"></div>	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>				
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">25591.96</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">25591.96</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature DR William Herrington		[Electronically Filed]		Date MM / DD / YYYYYY 10 / 07 / 2011